

<b>Case Number:</b>	CM14-0064827		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 36 year old patient had a date of injury on 12/5/2011. The mechanism of injury was when the stud supporting a window collapsed and struck him in the chin, falling to the ground and losing consciousness. In a progress noted dated 4/15/2014, the patient states that neck rotation to the right and left is painful and causes a pulling sensation in the neck. The quality of pain is dull, severity of pain at 6-7/10, and 6/10 with medications. The patient wakes up during night from nightmares, and he experiences muscle spasms in bilateral hands. Headaches are common, difficulty concentration is noted, and numbness in the bilateral upper extremities are noted. He experiences depression and anxiety, as well as erectile dysfunction. On a physical exam dated 4/15/2014, the patient is doing exercises and stretches on a daily basis. Hypothesis is reported around palmar surface of both hands, and tenderness to palpation is noted over paraspinal muscles overlying the facial joints supraclavicular region midline of cervical spine on right side. The diagnostic impression shows psychalgia, headache, post-concussion syndrome, neck pain, depressive disorder, bipolar disorder, and fibromyositis. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 4/23/2014 denied the request for pain psychology 1x12 sessions, modifying it to #6, stating that MTUS guidelines do support a course of psychological counseling for chronic pain. Physical therapy 2x3 was denied, stating the 4 sessions of PT only helped his headaches minimally, and there is no mention of any flare-up of other musculoskeletal symptoms over and above baseline. There is no objective functional improvement mentioned from recent PT. Lodine 300mg #60x2 was denied, stating there was no evidence of functional benefit, and this patient has been using this medication chronically. Vicoden 5/300mg #20 was denied, stating no objective functional benefit noted, and the daily or weekly frequency of use was not noted. Tylenol 325mg #60x1 was denied, stating no change in patients headache frequency or evidence that it helps the headaches. MRI brain, and evaluation

and 6 sessions speech and cognitive therapy was denied, stating that there is no documentation of any central nervous system examination nor does the neuropsychological report. Furthermore, there is no evidence of objective indication that this patient suffers from ischemic brain damage. There is no documentation of any significant impairment in patient's cognitive abilities or speech.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **Twelve (12) Pain Psychology sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Psychotherapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. However, in a progress noted dated 4/15/2014, there was no rationale provided regarding the medical necessity of 12 initial visits, when guidelines support an initial trial of 4 psychotherapy visits. Therefore, the request for twelve (12) Pain Psychology sessions is not medically necessary and appropriate.

#### **Six (6) Physical Therapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain physical Medicine treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, pg 114 and Official Disability Guidelines (ODG) neck

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG recommends 9 visits over 8 weeks for cervicgia. However, in the 4/15/2014 progress report, the patient was noted to have had 4 sessions of physical therapy with no documented functional improvement noted, and minimal

benefit for the headaches. Therefore, the request for six (6) Physical Therapy sessions is not medically necessary and appropriate.

**Etodolac 300mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, in the 4/15/2014 progress report, there no objective evidence of functional improvement from the analgesic regimen. Furthermore, the pain is noted to be 6/10 with medication, and 6-7/10 without medications, demonstrating minimal analgesia. Therefore, the request for Etodolac 300mg #60 with 2 was not medically necessary.

**Vicodin 5/300mg #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in a 4/15/2014 progress report, there was no documentation of functional improvement noted from the opioid regimen. The patient notes his pain is 6/10 with medications, and 6-7/10 without medications, demonstrating minimal benefit. Therefore, the request for Vicoden 5/300 #20 was not medically necessary.

**Tylenol 325 mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12.

**Decision rationale:** CA MTUS states that Acetaminophen is indicated for treatment of chronic pain & acute exacerbations of chronic pain. However, in a 4/15/2014 progress report, there was no evidence of functional improvement noted with the analgesic regimen. The patient continues to have persistent headaches, and also noted to be on NSAIDs as well as opioids. Therefore, the request for Tylenol 325mg #60 with 1 refill was not medically necessary.

**MRI Brain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head, Imaging

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter

**Decision rationale:** CA MTUS does not address this issue. ODG indications for brain MRI include determining neurological deficits not explained by CT; to evaluate prolonged interval of disturbed consciousness; or to define evidence of acute changes super-imposed on previous trauma or disease. However in the 4/15/2014 physical exam, it was noted that the neuropsychological consult recommended a brain MRI to assess for ischemic injury. There was no evidence in the physical examination that this patient suffered from ischemic damage. In a progress note dated 3/6/2014, the mental status examination reported that the patient's speech was clear, organized, and spontaneous. His thought process did not indicate any perceptual disturbance in the form of confusion or hallucinations. Furthermore, there was no evidence of deficits in short term memory for details or evidence of cognitive deficits. Therefore, the request for MRI of brain was not medically necessary.

**Evaluation and 6 sessions speech and cognitive therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Stress and Mental Chapter -Cognitive Behavioral therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter-speech therapy

**Decision rationale:** CA MTUS does not address this issue. ODG state that speech therapy is indicated when a diagnosis of speech, hearing, or language disorder results from injury, trauma, or medically based illness or disease. It is also indicated when clinically documented functional speech disorder results in an inability to perform at the previous functional level. In a progress note dated 3/6/2014, the mental status examination reported that the patient's speech was clear, organized, and spontaneous. His thought process did not indicate any perceptual disturbance in the form of confusion or hallucinations. Furthermore, there was no evidence of deficits in short term memory for details or evidence of cognitive deficits. Therefore, the request for evaluation and 6 speech and cognitive therapy was not medically necessary.